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MEDICAL TREATMENT OF INSANITY.

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INSANE.

THERE is no specific remedy for insanity. Different cases require very different treatment, and that which would be serviceable at one period of the complaint, might be injurious at another. According to our experience, recent cases for the most part require a mild antiphlogistic course; but regard should be had to the cause of the insanity. If occasioned by a blow, or other direct physical injury of the head, or from some sudden and violent mental commotion, while in good health, free depletion by bleeding, and active cathartics, are useful and often indispensable. But such cases are seldom seen in lunatic hospitals. We have very rarely considered it advisable to have recourse to general bleeding, at this institution. Occasionally, when there is much cerebral excitement, we have resorted to topical bleeding, but more frequently, even in such cases, we derive benefit from placing the feet in warm water; the application of cold to the head; and the free movement of the bowels by laxatives. Pouring cold water in a small stream from a height of four or five feet directly upon the head, is generally one of the most certain and powerful means of subduing violent maniacal excitement, we have ever seen tried. The warm bath is also very serviceable to calm excitement, but cold should at the same time be applied to the head. In a few recent cases croton oil has proved very beneficial, and we have thought particularly so in two cases, that seemed to be cured by the use of it, after other cathartics had been tried. Of all medicines, it is the most easy to administer to a patient that refuses to take any, and we have often used it, and never with any unpleasant result.

Bathing in warm water we think beneficial in most cases. Bathing in cold water or showering, we seldom resort to—probably we should have recourse to the latter more frequently, if not from the impossibility of preventing patients from supposing it to be intended as a punishment.

Most of the medicines we administer are liquid, or in powder. In addition to the preparations of the articles of the materia medica according to the United States Pharmacopœia, we have a few of which we make much use, that are prepared by ourselves. The following we often administer: R. Extract of conium, ℥ vi.; ferri carb. precip. ℥ xii.; molasses, wine, water (warm), aa qts. ii.; ol. gaultheria or ol. sassafras, ℥ ii.; dissolved in alcohol, ℥ viii. M. Usual dose half an ounce—sometimes

more; if a laxative effect is wanted, we add one or two drachms of tinct. aloes and myrrh to each dose.

We sometimes vary the foregoing preparation as regards all the articles except the conium and iron, adding mucilage gum Arabic, alcohol, &c.

The following preparation we derive benefit from in many nervous, sleepless and hysterical cases: R. Tincture lupuline, *do.* hyoscyamus, aa $\frac{3}{4}$ iv.; camphor gum, $\frac{3}{4}$ i.; ol. valerian, m xxxii. M. Dose one to two drachms.

The following, taken from Ellis on Insanity, we find useful in some cases of violent mania, and when the urinary secretion is deficient: R. Tinct. digitalis, *do.* scillae, aa $\frac{3}{4}$ ss.; vin. antimon. tart., spts. nitre dulc. aa $\frac{3}{4}$ i. M. Dose 30 drops.

Blisters, issues, and particularly setons in the neck, we have often tried, but rarely witnessed any benefit from them.

Opium has always been used at this institution in the treatment of insanity, and often with great success. In some cases it appears to be useless, and in a few injurious, particularly in those in which the skin is hot and dry, and the pulse full and hard. But such cases are rare. I do not, however, think it a remedy that of itself often cures this disease, but it is a valuable adjuvant to others, and secures a beneficial degree of calmness, that cannot be obtained without it.

I am pleased to find the experience of others in the use of this article in insanity has led them to adopt similar views. Pritchard in the first edition of his work on Insanity speaks disparagingly of its use, but in a later work he says, "There are few disorders in which so much benefit is derived from this remedy, as in cases of insanity."

We prefer a solution of sulphate of morphine, and Dover's powder, to any other preparations of opium.

Many cases, especially those of some months continuance, require invigorating diet, and tonic remedies. The insanity, or rather the causes that produced the insanity, such as grief, anxiety of mind, intemperance, &c., have already debilitated the system, and much caution is necessary not to increase this debility. Hence, although a patient may exhibit great maniacal excitement, and appear to have prodigious strength, there is usually danger in depleting.

The various preparations of bark, quinine, and other tonic remedies are here used, but no one preparation is so generally prescribed as the combination of conium and iron above mentioned, and from none have we seemed to derive so much benefit.—*Annual Report.*

TOTAL ABSTINENCE FROM ALCOHOLIC FLUIDS.

[In an article which we copied last week from the London Lancet, reference was made to some previous remarks in the same Journal, by Dr. Clutterbuck, a distinguished medical writer, on the subject of abstinence and temperance. In those remarks Dr. C. not only advocated the use of a generous diet, but also a moderate indulgence in spirituous liquors,

and alluded to the late Dr. Birkbeck as an example of the injury resulting from total abstinence. The following is one of the replies which have been made, in the periodical above named, to the "comfortable" doctrines of Dr. Clutterbuck. It is furnished by Dr. T. Beaumont, of Yorkshire, and will be found, we think, to harmonize with the views of a majority at least of the members of the profession in this country.]

I feel that I should ill discharge the duty which I owe no less to the claims of humanity than to the interests of science, if I omitted to notice an article which has appeared in the *Lancet* of the 16th inst., and headed "Dr. Clutterbuck on Total Abstinence and Temperance." That Dr. Clutterbuck should have selected the character of his early friend and former colleague as the subject of a paper recently read by him before the Medical Society of London, and of which he was for some years the able president, can excite no surprise, since that lamented individual possessed, in a high degree, those moral and intellectual endowments which marked him out as a most fitting object of public eulogium. I will not conceal from you, however, the disappointment which I felt on observing the loose manner in which Dr. Clutterbuck spoke of "total abstinence;" and more especially as, from his high reputation both as an author and a lecturer, besides being a physician of "such extensive experience," a high degree of deference will be paid to his opinion on a subject "so much agitated" and so vastly momentous. Now, when it is recollected that tens of thousands of valuable lives are annually sacrificed to the use of intoxicating drinks, it is not too much to aver that their influence upon the human system deserves the most calm and scientific investigation; at any rate, the dreadful havoc which is made on society by their general employment, is calculated to urge a deep and earnest inquiry how far they are *absolutely necessary for the sustenance of man*. This is, therefore, a question of intense interest, and ought not to be approached with indifference, or rejected with disdain; nor ought this great moral and physiological inquiry to be considered as coming only within the province of "temperance societies," since it involves considerations of the highest interest to the human family, and considerations which force themselves daily upon the attention of every medical man; and whether we are desirous of evading the question or not, it is quite impossible to avoid the direct responsibility which is entailed upon every member of the healing art upon a subject so closely allied to the public health. Sir Astley Cooper, in speaking on this subject to a friend only a few months before his death, said, "on this subject we have all been most sadly deceived;" and well he might, for on no subject has the public mind been so thoroughly abused as on the *nature and properties of alcoholic drinks*. All classes have been equally misled; nor have medical men been suffered to escape the "great delusion." There has, however, within the last few years been instituted, chiefly, it must be admitted, through the influence of "temperance societies," such a general agitation of this subject, that few are now disposed to concede to intoxicating drinks those salutary attributes which they were wont to possess; and even medical men, who appear almost the last to exhibit any sympathy with the "temperance" movement,

are more indebted to this source for sound and rational views on this subject than to the recognized principles of medical science. Not only have the phenomena resulting from intemperance been more clearly ascertained, but it has been suggested, and many enlightened and acute pathologists believed, that intoxicating liquors taken in "moderation" are injurious to the human frame; at any rate, it has been triumphantly demonstrated, that all kinds of intoxicating drinks may be dispensed with, and without any injury to the constitution; nay more, that the practice of "total abstinence" is, in a very high degree, salutary to the system; and if arguments were wanting to prove the efficiency and advantages of "teetotalism," they are furnished by millions in the individual experience of every abstainer from intoxicating drinks! Time was when this system was deemed to be utopian and absurd; and I confess myself to have been at one period as sceptical on this subject as any of my brethren. Nearly seven years' experience in my own person, however, and daily observation of those around me, have served to convince me of the truth and validity of these principles; and without committing myself to the dogmas of the hydropathists, I may be allowed to say that there is no department of medicine of more interest or of higher importance than a due consideration of those diseases which are directly or indirectly the result of *alcoholic agency*; for not only are there those glaring and more obvious symptoms which are familiar to the most superficial observer, but other and not less important affections which, although more occult and insidious in their influence, are equally fatal in their results, and which are too often unsuspected as to their real origin.

The time has gone by when any man can hope to succeed in upholding the former reputation of alcoholic drinks already tottering to its fall; and it must be vain for Dr. Clutterbuck to expect that he shall be able successfully to repudiate the principles of "total abstinence." It surely can be no sufficient argument to say that intoxicating drinks are necessary, because "ours is in a great degree a state of artificial existence." Do not most of our domesticated animals maintain an equally "artificial existence?" But Dr. Clutterbuck very wisely observes, "that experience in these matters ought to be our chief and only guide;" adding, also, that "diseases, peculiarly incident to a cold and variable climate like ours, such as, for instance, pulmonary diseases and scrofula in all its variety of forms (which, together, constitute the great mass of our diseases), are most effectually prevented by what is called a *generous diet*, both in respect to *food and drinks*; while in the treatment of diseases of this class the same general principles ought to be kept in view." With regard to "pulmonary diseases," there can be no doubt but that they are often superinduced by the use of intoxicating liquors; and highly as I approve of a "generous diet" in cases of scrofula in "almost all its variety of forms," I do not think that in order to constitute a "generous diet," it is necessary to employ *intoxicating drinks*. That system of diet must be the most "generous" which is the most nutritive; and as intoxicating liquors contain only a very limited supply of nutriment, and some none at all, I am led to the

conclusion that "nature" is under less obligation to intoxicating drinks than Dr. Clutterbuck would have us to believe. It is well known that *ardent spirits* possess no single property of nutrition. *Wines* for the most part but ill deserve the reputation which they have so universally acquired; few indeed can be relied upon as genuine; and many are "vile brandied compounds," imposed on society under the names of port, sherry, Madeira, &c. Franklin spoke only the truth when he asserted that a penny loaf contained more nourishment than a gallon of *ale*; nor will it be possible much longer to compound and synonymize *stimulation and strength*!

The great almoners of health are, wholesome food, pure air, moderate exercise, sound sleep and good water. The most "generous diet" may be supplied without a single drop of intoxicating liquor; and let it be recollected that alcohol, which constitutes the specific character of intoxicating drinks, is the fruitful parent of innumerable diseases, and so far from possessing wholesome and salutary properties even in those prophylactic combinations in which it is said to be disarmed of its deleterious properties, it is the same noxious and pernicious article. In the stomach it undergoes no change, but passes into the circulation without any mitigation of its character; it carbonizes the blood more rapidly than it otherwise would be; it enters the delicate and sensitive organs and tissues of the body, and in many ways lights up disease as palpably as it excites the brain to congestive inflammation and delirium. If we had not the advantage of direct "experience" on the subject, common sense and sound philosophy would suggest that the great wear and tear of life is occasioned by the exhausting influence of moral and physical excitement; "who would add momentum to an avalanche?" And is it not clear that to add the stimulus of intoxicating drink to the ordinary stimulus of arduous mental or bodily toil, is "lighting the candle at both ends?" Nor is it easy to admit the force of Dr. Clutterbuck's opinion, that intoxicating liquors "are required by the variable nature of our climate;" and here I would adduce not my own experience only, but that also of many others, whose occupations have exposed them to every vicissitude of this variable climate, and who have assured me that since they adopted the "total abstinence" principle, they have enjoyed a greater immunity from disorders and a more firm and robust health than ever they did previously.

Can Dr. Clutterbuck be insensible to the fact, that there are at this day living within the kingdom of Great Britain upwards of seven millions of total abstainers from all intoxicating drinks? Surely numbers cannot be wanting to prove the validity of the principles! And of these, are persons of all *ranks*, from the peer to the peasant; of all constitutions, from the athletic to the effeminate; of all occupations, from the laborious artisan to the sedentary employée; of all *ages*, from the infant at the breast to the veteran of 90; and of all parts of the kingdom, from "John o'Groats" to the "Land's end." So that so far as "experience goes, it is all on the side of total abstinence.

Children nursed on total-abstinence principles escape many of the disorders so common to childhood. Females who abstain from alcoholic

drinks enjoy, during pregnancy, an immunity from many distressing symptoms incident to this interesting period. Mothers who "abstain" prove, during lactation, the utter fallacy of those vulgar prejudices which assume the necessity for alcoholic drinks. Hereditary diseases, which are so common, more particularly *scurvy* and *scrofula*, are greatly mitigated, if not wholly destroyed, upon this plan. Convulsions, to which nurslings are so liable, and which are frequently supposed to require the gum lance, are too frequently caused by the alcoholic milk. During the adolescent period, when the rising generation is too commonly initiated into the use and relish of intoxicating liquors, "total abstinence" is of the highest importance, not only as preventive of a dangerous appetite, but also as tending to promote a sound and healthy state of the system at a period when the seeds of a premature decay are often sown by an indulgence in such liquors. Total abstinence is singularly serviceable in placing the constitution in a state favorable to an exemption from diseases; whilst those induced by a contrary practice are numerous and formidable. The ordinary headaches which follow alcoholic potations prove the peculiar sensibility of the brain to their morbid influence; and the usual phenomena which attend and follow a fit of drunkenness exhibit, in a striking manner, the influence of this excitement. Many of the nervous class of disorders are the certain fruit of spirituous excitement; whilst the most aggravated forms of apoplexy, paralysis, epilepsy and mania, are among the progeny of this prolific parent. Nor is it surprising that a system of diet, which is so detrimental to the healthy functions of the heart, the brain, the organs of respiration and nutrition, should induce a deteriorating influence upon the animal spirits, as well as the physical energies of the whole system; and startling as the opinion may be, it is scarcely too much to assert, that human nature may be sooner worn down by intoxicating drinks than worn out by hard labor; and it may be worthy of inquiry, whether there are not more deaths from the effects of moderate drinking than victims to intemperance; at any rate, no man who indulges in intoxicating drinks can say what mischief may ensue, or to what extent it may not proceed. I am aware, however, that wines and other alcoholic drinks are employed in the treatment of diseases by many eminent physicians; and if reliance is to be placed on their statements on this head, with actual advantage. I am bound to state, however, that in cases strictly analogous to those referred to, I have known equal success without anything of the sort, and I strongly incline to the belief, that I have frequently administered these remedies with disadvantage to my patients, and I greatly fear that thousands have been sent prematurely to the grave through the injudicious administration of alcoholic stimulants; at the same time, I can most readily believe that many recoveries have been protracted, if not prevented, by seizing the first opportunity that has presented itself on the subsidence of the more active symptoms, for commencing a course of stimulation, by which, in many cases, the dying embers of disease have again been lighted up, and secondary symptoms have been established, which have either terminated in death or in a sequela of difficult and uncertain removal. In convalescence, after fevers and other active diseases, I have generally

found that a light and nutritious diet has proved more serviceable than a contrary practice. Cases are continually occurring wherein the use of wines or malt liquor, more especially porter, are employed as tonics, and of this class the latter is quite a favorite! And in how many cases have they proved worse than useless? not unfrequently aggravating the symptoms for which they were prescribed! Dr. Clutterbuck cites the case of his deceased friend, which proves as strongly as anything can do the value of the principle for which I contend; and yet by way of corollary, in alluding to the *abstemious habits* of Dr. Birkbeck, he takes occasion to assail the system of total abstinence! "And this," he says, "I am induced to do for the purpose of remarking, that a rigid abstinence, in regard to either food or drink, is not, generally speaking, advisable;" adding, "It is no argument to say that intoxicating drinks are unnatural, and therefore injurious to the human frame. Nature does not supply us with adequate or proper food, unless herself stimulated by artificial means. There seems, therefore, to be no reason (*a priori* at least) for abstaining altogether from artificial excitement." And does Dr. Clutterbuck think such reasoning as this can vindicate the necessity for *alcoholic* drinks? He must take a limited, not to say a mistaken view of the matter, if he supposes that abstinence from spirituous liquors implies or involves a "rigid abstinence" with regard to food. No such thing. Nor is the proper excitement and really healthy stimulus connected with good and wholesome food to be confounded, any more than it is to be compared, with the morbid excitement of alcohol. It is equally superfluous for Dr. Clutterbuck to exclaim against the "ascetic" character of those who refuse to take intoxicating drinks, since we know such to be amongst the healthiest and the happiest of our species; nor can it avail anything to allude to individuals "who live to a great age, with an extraordinary exemption from disease, whose habits of life are far from temperate." Of such instances of tenacity of life, there can be but one opinion—they are rare *exceptions* to the general rule! Nor would Dr. Clutterbuck or any other physician risk his reputation on maintaining that those who "are far from temperate live to a great age, with an extraordinary exemption from disease." But Dr. Clutterbuck adds, "for myself, at least, I confess I am not of the *ascetic* tribe of philosophers who denounce as sinful everything in the shape of *enjoyment*, and who inculcate the notion that the only path to heaven is strewn with thorns." This, at least, is sufficiently intelligible; and after such a confession there need be "no mistake" as to the *animus* by which Dr. Clutterbuck is influenced in his opposition to total abstinence.

———"Non invidio,
Non tali auxilio, nec istis defensoribus,
Sed majis minor!"

CASE OF LITHOTOMY.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case is at your disposal.

Erastus Dresser, of Sempronius, Cayuga Co., Oct. 19, of good constitution, has been for about five years occasionally afflicted with symptoms of calculus, such as pain in the loins, along the course of the ureters and down the pelvis and thighs, with slight numbness of the lower extremities, and difficulty of voiding his urine, which would at times only pass guttatum, or perhaps suddenly stop if passing in a full stream. These symptoms would sometimes come on while engaged in active exercise, riding on horse back or in a waggon, and sometimes while sitting upon a hard seat. On the 24th of May, 1842, he was attacked with more than usual severity, and on the 25th Dr. Wm. Cooper, of Kelloggsville, was called, who found him laboring under the ordinary train of symptoms attending calculus of the bladder—extreme pain and heaviness about that viscus, pain in the glans penis, with stillicidium urinae, high fever, &c. Cathartics, febrifuges and diuretics were administered, and continued with some variation for three or four days, without affording any relief. Meantime repeated but fruitless efforts were made to introduce the catheter for the purpose of evacuating the bladder, which was becoming considerably distended.

On the 30th a consultation was called. The patient at this time was in extreme suffering; retention of urine almost total; great tumefaction and tenderness of hypogastrium; bladder distended, apparently to its utmost; fever high; pulse excited; profuse perspiration, and countenance expressive of great mental anxiety. On introducing the sound, a calculus was very distinctly detected at the neck of the bladder. As the patient required speedy relief, an immediate operation was resolved upon, which was performed by Dr. A. B. Shipman, in presence of Dr. Cooper, Dr. Powers and myself.

The patient being placed upon the table, in the position for the lateral operation, and other preparatory steps taken, the staff was introduced and held by an assistant with the handle inclined towards the right thigh. An incision of about three inches in length was made in the perineum, on the left of the raphe, and continued down to the membranous portion of the urethra; an opening was then made in the urethra upon the staff, with a common convex-edged bistoury, and extended to the prostate gland which was partially divided, when the point of the knife came in contact with the stone. The staff was then withdrawn and the stone extracted with a pair of small forceps, followed by a gush of urine. On introducing the catheter through the wound, a large quantity of urine, somewhat sanguineous, and containing much dark sediment, was drawn off. The wound was then dressed, and the patient put to bed, with the catheter passed into the bladder through the urethra. The calculus was of small size, about half an inch in diameter, of triangular shape, and was wedged into the neck of the bladder, producing much irritation and obstructing the passage. The patient expressing himself very comfortable, was left in the care of Dr. Cooper.

Saw him again June 8th. Learned from Dr. C. that everything progressed favorably, and wound was nearly healed. The patient, however, at this time experienced some little difficulty in voiding urine; catheter would not pass, probably in consequence of spasmodic stricture excited by the presence of the instrument. These symptoms passed off, without giving much inconvenience, and the patient is now entirely recovered.

H. O. JEWETT.

Cortlandville, N. Y., July 15th, 1842.

STUDIES IN PATHOLOGY.

[DR. C. R. GILMAN, Professor of Obstetrics in the College of Physicians and Surgeons, New York, gives the following contributions to pathological anatomy in one of the final Nos. of the late New York Medical Gazette.]

Extensive Tuberculization. Tubercle in the Walls of the Heart.—A. M., a female child, aged twenty months, has always been delicate and feeble, appetite irregular, belly tumid. Has never had marked diarrhoea or other intestinal difficulty. During the past winter several scrofulous tubercles appeared on the skin, first as hard, white, flattened tumors, about half an inch in diameter, and apparently two or three lines thick. Slowly and without pain they increased till some of them were a full inch in diameter—with this change in size, a change in color to a deep purple-red was remarked in some, but not in all of the tumors, also some central softening. June 4th, the child, then in the country, was seized with symptoms of central irritation with some fever, and being brought to town, died on the way, rather suddenly. The body was examined, six hours after death, by Drs. Watts, Buel, Roberts and myself. On opening the cavity of the peritoneum, that membrane was found covered with small granular tubercles. They occupied not only the parietal peritoneum, but that covering the liver, the spleen and the intestines. The abdominal viscera were extensively glued together, and the omentum to the abdominal wall.

The chest was next examined; the lungs were healthy, but the pericardium was dotted over with tubercles, and on cutting into the left ventricle two small masses of tubercle were found imbedded in the wall. These masses were carefully examined by all the gentlemen present, and no doubt of their being true tubercle was entertained. The brain was examined, but no trace of tuberculous deposit was found in any part of the viscus or its membranes. The arachnoid about the fissura Sylvii was scrutinized with the utmost care, but no tubercles found. The glands of the neck had never been enlarged in this case, but those of the mesentery were very extensively diseased.

It is remarkable that so much chronic peritonitis should have existed in this case without any very distinct symptoms. This child never complained of pain or soreness when the belly was pressed, nor had she any great amount of intestinal disease at any period of her life.

Gall Stones encysted in the Walls of the Gall Bladder.—M. D.,

aged 35, died June 11th, of cardiac disease. On examination, present Drs. Kissam, Watts, Parker and myself, the heart was found enormously hypertrophied in all its parts, no disease about the valves or great vessels. The pericardial sac was completely obliterated, its two surfaces adhering closely and intimately throughout. The adhesions were very firm and old. The endocardium in the auricles was somewhat thickened, and had an abnormal yellow tinge. Was the hypertrophy in this case consequent upon the adhesion? Probably it was. The degree of adhesion existing in this case would impede the action of the heart very considerably, and the additional labor thus thrown upon the organ might very naturally cause an augmentation of its muscular structure. The liver was large, and presented that peculiar mottled appearance called *nutmeg liver*. The gall bladder contained six or eight gall stones about the size of large marbles. Its coats were thickened, and at one point on its external surface a stone the size of a pea was embedded in its substance. By careful dissection and examination it was made entirely certain that this stone was fairly beneath the mucous coat of the gall bladder, and not merely sacculated as we now and then see stones in the bladder. The fact, though not of any practical importance, was new to the gentlemen present, and is therefore worth recording.

Vascular Tumors around the Verge of the Meatus Urinarius.—By the kindness of Professor Parker, I was present at an operation performed by him June 7th, 1842, for the removal of one of these very troublesome excrescences. The patient, a widow lady of about thirty, had been annoyed by it for three or four years, and of late the irritation had become so great as to render walking or riding in a carriage nearly impossible.

On examination, the tumor, about the size of a small pea and of a fiery redness, was found to occupy the inferior margin of the meatus urinarius. It was excessively tender, soft and spongy, breaking down at the slightest touch. On very careful inspection I found that besides the main tumor, the mucous membrane for a small space around the meatus was occupied by several red points or very minute tumors, scarcely larger than the point of a pin, but of the same fiery redness as the main mass. Some of these were at the distance of half an inch from the large tumor, and would undoubtedly escape any but a very careful inspection.

It is well known that these vascular tumors about the meatus, though clearly not malignant, are very apt to return after attempts are made to extirpate them. May not these supposed returns be in fact the development of another and another of the minute points here described, which from its extreme smallness has escaped the notice of the operator, and from its distance from the main tumor is not reached by the knife or caustic?

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 27, 1842.

MEDICINE AND SURGERY IN QUEBEC.

PERHAPS there are no practitioners in the British American Provinces better educated for the several departments of professional life to which they are devoted, than those of the city of Quebec. Those who are most distinguished, are natives of Scotland, England or France, where they had all the advantages of elevated scientific instruction in early life. A very few only, residing within the walls, who are engaged in practice, were born in Lower Canada. There are several, a younger class of aspirants, in the suburbs, who acquired their professions in the States. It is considered that the advantages to be derived from an attendance on the lectures in Boston, New York or Philadelphia, are now quite as valuable to Canadian students, as those of Edinburgh or London, so far as the great and leading principles are concerned. A fact that is stated in an American school, would still be but a fact when presented in Europe.

The admirably-conducted hospitals, too, of the Atlantic cities, are appreciated by the medical gentlemen of the Provinces, or they would not so generally recommend their pupils to forego the fatigues of a voyage to the mother country, in pursuit of a species of knowledge that is attainable nearer home. From a personal intercourse with those who are able from their position in society to influence the public sentiment, we feel assured that the confidence of the Canadian physicians in the medical institutions of the States, is increasing, and the evidence of it will be shown in an annual increase of students from the British American Provinces.

A medical school exists at Quebec, which is confided to the care of able men, such as Dr. James Douglass, Dr. Morrin, and some others, who are well known to the world. Of the number in attendance on the lectures, ordinarily, we have not ascertained. This much, however, is certain, that the College is considered to be firmly established, and constantly gaining in character and in public esteem.

The Hotel Dieu, established in 1636, by the Duchess D'Aiguillon and Cardinal Richelieu, is the oldest hospital, probably, on the American Continent. The *Sœurs de Charité* have the entire management of its finances, and elect the medical officers. The patients increase or diminish just in proportion to the value of the rents of buildings belonging to the nuns. If many of their houses are vacated, or unusual repairs are required to keep the property tenantable, then they have less money to bestow in charity. They are admirable economists—since they never owe a farthing; nor do they allow any money to accumulate on their hands. At the close of a year the institution is always free from debt. The nuns, too, decide upon admissions and grant discharges, influenced, however, in either case, by the advice of the medical attendants—whose services are gratuitous. The Hotel Dieu, as a specimen of ancient architecture, is a rare curiosity. Its interior is no less rare than its exterior. Extreme neatness, comfort, order, and unceasing kindness towards the sick, characterize this unpretending charity.

The Marine Hospital is of recent origin—a noble stone structure without the walls, at the mouth of Charles river, and not yet completed.

At Grosse Island, 27 miles below Quebec, there is another hospital which takes cognizance of all diseases brought in from sea. At the present time, owing to the immense rush of Irish emigrants, many of whom arrive in a feeble condition, the effects of a long and tedious voyage, two hundred patients, principally with fevers, are in this hospital. Dr. G. M. Douglass, the attending physician, is constantly occupied, therefore, with the duties of his office.

Although the cities of Lower Canada are abundantly supplied with an industrious, learned body of physicians, the country towns are woefully neglected. There is not a single practitioner for fifteen or twenty miles to the north and west of Quebec. Beauport, a thriving agricultural town, four miles distant; Charlevoix, seven miles; and Lorette, nine miles—delightful residences, commanding unrivalled and extensive scenery, with excellent Macadamized roads to the city—have neither of them either a physician or druggist, and the people are obliged to send to Quebec for medical advice and assistance. Yet, from a general examination of those and other towns equally destitute, we see no reason why a physician would not succeed to his entire satisfaction in either of them.

When physicians from the States contemplate establishing themselves in the Canadas, their diplomas must necessarily be lodged with the medical board of examiners. An examination may be required, but ordinarily a degree or license is sufficient evidence of the qualifications and respectability of the applicant. The board were never known to place obstacles in the way of any one who emigrated from the States.

Puerperal Fever.—The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, for May, June and July, contains a full account, given by Dr. Condie at the meeting of May 3, of a peculiarly malignant puerperal fever which was prevailing at that time in the southern sections of that city. The disease is stated by Dr. C. to have occurred alike in the young and middle aged, the robust and the delicate, and nearly every case which he had noticed had thus far proved fatal. The rapidity and ease of the labor were considered to have no influence on the disease, nor did a first confinement lessen or increase the danger. The first symptoms, as detailed by Dr. C., are as follows:—

“Usually, within the first three days, but sometimes within a few hours, after delivery, the patient was seized with a chill, differing in intensity in different cases—being sometimes so slight as scarcely to attract attention, while at other times it amounted to a perfect rigor. The chill was quickly succeeded by a febrile re-action, attended with a hot, dry skin, some thirst, a white milky fur upon the tongue, and a quick, rapid pulse, amounting in some cases to 160 or 170 and upwards in a minute. The pulse was often full, but invariably soft and compressible. There was, from the very onset of the disease, a peculiar anxious or distressed expression of the countenance—and a mottled or irregular flushed appearance of the face. The patient, soon after the attack, generally complained of some soreness or dull pain—often confined, at first, to the groins or across the hypogastric region. The pain was increased upon pressure. It very speedily increased in intensity, and spread over the whole of the abdomen, which now became tumid and more or less tympanitic.”

The bowels were usually constipated, but Dr. C. always found them easily acted upon—after which small portions of slightly dissolved mucus were discharged, with considerable tenesmus. The stomach was extremely irritable, and occasionally a greenish flocculent fluid was vomited. Generally the secretion of milk, as well as the local discharge, was greatly diminished. The respiration soon became short and oppressed, with great sense of weight at the præcordia.

"As the disease progressed, the abdomen became, in general, more swollen, tense and painful; the shortness of respiration more striking, and the pulse more frequent, quick and feeble—the countenance of the patient assuming a very peculiar, dusky hue, and dejected expression. The irritability of the stomach increased—vomiting became frequent—and, very commonly, there speedily ensued a discharge from the stomach, at short intervals, by a species of eructation, of mouthfuls of a dark greenish or chocolate-colored, flocculent fluid, which, according to Dr. C.'s observation, was invariably a fatal symptom; it being very soon succeeded by a cold, clammy condition of the skin, occurring first in the extremities—a dark leaden hue and haggard expression of the countenance—a sunken state of the eyes—profuse perspiration, especially about the head, face and superior extremities—and death, which generally occurred upon the third or fourth day of the disease. In but few cases was the disease protracted beyond the fifth day."

Dr. Condie states that he has become convinced that this fever is capable of being communicated by contagion. In proof of its being so communicated, he mentions the fact that in one district the disease has been exclusively confined to the patients of a single physician extensively engaged in obstetrical practice, scarcely a female among them, who had been delivered for weeks past, having escaped an attack.

With regard to the treatment, Dr. C. states that it has been various in the cases that have fallen under his notice. Venesection, followed by active purgation, was fully tried, "succeeded by fomentation and blisters to the abdomen—and Dover's powder, the nitrous powders, with calomel, pills of blue mass, opium and ipecacuanha, spirits of turpentine, &c., internally." But the disease has appeared, however treated, as already remarked, to run pretty much the same fatal course. Blisters to the abdomen were found beneficial in abating pain and intumescence—and over the præcordia, they sometimes relieved the difficulty of respiration. In the Philadelphia Hospital, in every instance in which venesection had been resorted to, the patient died. It is stated that a majority of the children of females who had died, are still living and doing well.

In three cases a post-mortem examination had been made by Dr. Ashmead. In the first case there was "general peritoneal inflammation, with slight effusion of serum, with flocculi floating in it; serous infiltration in the cellular tissue of the broad ligaments, a little lymph on the surface of one of the ovaries, a rose-colored blush covering the peritoneum of the uterus and intestines, no adhesion among the intestines, and great tympanitis. The uterus being laid open presented a perfectly natural appearance. In the second case, the patient had died on the sixth day. There was the same appearance of peritoneal inflammation, but in a higher degree, with serous effusion, and slight recent adhesions between the peritoneal surfaces of the intestines. Pus was found in the cellular tissue of the broad ligaments, in the structure of the uterus, and Dr. A. believed, also, in the cavity of the veins—the uterine cavity was

healthy. This patient had vomited a dark or coffee-colored substance, a quantity of which was found in the stomach after death. In the third case, the patient had died on the third day. A large quantity of lymph was found effused in the cavity of the peritoneum, with a copious deposit of pus in the broad ligaments. Dr. Ashmead thought that the veins were also involved in this case, but Dr. Hodge, who was present at the autopsy, did not consider the appearance sufficiently positive to substantiate this conclusion. In this, as well as in the other cases, the liver, spleen and kidneys were softened, as is seen in cases of low, malignant fevers. In one of the cases, the stomach contained a fluid resembling coffee grounds, and probably the same as the black vomit of yellow fever; the follicles of the mucous membrane of the stomach, were in this case enlarged, although its mucous surface was not inflamed. Dr. Ashmead had participated in the treatment of several cases. In one case the patient really seemed to have improved, and there appeared to be a fair prospect of recovery, had it not been for the enormous tympanitis, which by preventing the free action of the lungs, was, in the opinion of Dr. A., the immediate cause of death in these cases. Efforts were made to draw off the gas by the tube and syringe, but without success, and the patient died. It was found after death, that the gas occupied the small intestines, the colon being nearly empty, which accounted for this failure. Dr. Ashmead had seen leeches used largely in one case, with great relief, and with an apparent improvement in the pulse, but the patient died. He had also tried the free use of tartar emetic, with no better result. He had not certainly the same fear of depletion as Dr. Condie—notwithstanding the unfavorable result of the cases in which he had seen it resorted to.”

Much discussion by the members of the College followed Dr. Condie's account of the disease, which we have greatly condensed above, but our limits forbid any further quotations the present week. At the meeting of July 5th, Dr. C. stated that few cases occurred after the meeting of May until the latter part of June, when several cases again appeared, two of which were speedily fatal.

Sudden Death from Spontaneous Rupture of the Spleen.—A soldier, who had suffered several attacks of intermittent fever, was found dead, and was thought to have been murdered. In the examination of the body, the abdomen was observed to be swelled as in ascites, and a puncture gave vent to a large quantity of blood. The spleen was extraordinarily enlarged, and had assumed an oblong shape from above downwards, occupying all the left side of the abdomen, displacing the liver and stomach to the right. On its anterior surface was a fissure, two inches in length. The splenic vein was much dilated, the arcolæ of the spleen also much enlarged; this was especially remarkable in the neighborhood of the fissure. The condition of the spleen was at this point truly aneurismal, and the mechanical engorgement which the organ had undergone was so great that rupture took place.—*Journal des Connaissances Médico-Chirurgicales.*

Number of deaths in Boston for the week ending July 23, 43.—Males, 18; Females, 25. Stillborn, 3. Of consumption, 7—measles, 1—lung fever, 2—accidental, 1—teething, 2—intemperance, 1—drinking cold water, 1—smallpox, 1—cholera infantum, 3—dysentery, 1—typhus fever, 2—scarlet fever, 7—infantile, 3—cholera morbus, 1—dropsy, 2—disease of the spine, 1—bilious fever, 1—inflammation of the stomach, 1—old age, 1—marasmus, 1—inflammation, 1—hydrothorax, 1.

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

SESSION OF 1842-43.

THE Lectures will commence on Tuesday, the 1st of November, and be continued, under the following arrangement, to the middle of March ensuing.

Practice and Theory of Medicine, by	-	-	-	NATHANIEL CHAPMAN, M.D.
Chemistry, by	-	-	-	ROBERT HARE, M.D.
Surgery, by	-	-	-	WILLIAM GIBSON, M.D.
Anatomy, by	-	-	-	WILLIAM E. HORNER, M.D.
Institutes of Medicine, by	-	-	-	SAMUEL JACKSON, M.D.
Materia Medica and Pharmacy, by	-	-	-	GEORGE B. WOOD, M.D.
Obstetrics and the Diseases of Women and Children, by	-	-	-	HUGH L. HODGE, M.D.

A course of Clinical Lectures and Demonstrations, in connection with the above, is given at the very extensive and convenient infirmary called the Philadelphia Hospital.

Clinical Medicine, by	-	-	-	W. W. GERHARD, M.D.
Clinical Surgery, by	-	-	-	DRS. GIBSON AND HORNER.

Dr. Horner continues in public attendance at the said Hospital until August 1st; and as the tickets of admission are issued for one year from November 1st, they remain valid for his course, and the other service of the house, until the time expires.

Clinical instruction in medicine is also given from the 1st day of November to the 1st day of March by Dr. Wood, in the Pennsylvania Hospital, an institution which is well known as one of the finest and best conducted infirmaries in the United States.

The rooms for practical anatomy will be opened October 1st, and continued so to the end of March. They are under the charge of Paul Beck Goddard, M.D., Demonstrator, with a supervision on the part of Dr. Horner.

Copious additions to the very extensive cabinets of Anatomy, Materia Medica, Chemistry, Surgery and Obstetrics, have recently been made, and are in progress; the policy of the school being to give to its instructions, both Didactic and Clinical, a character as practical and influential as possible in imparting a sound medical education.

The Professor of Materia Medica, besides his cabinet, has an extensive and well-furnished conservatory, from which are exhibited, in the fresh and growing state, the native and exotic medicinal plants. 263 Chestnut street, Philadelphia, August 1, 1842.

W. E. HORNER, M.D.,

Jy. 27—eoptN10

Dean of the Medical Faculty.

NOTE.—A considerable number of the distinguished graduates of the school who are in connection with the Medical Department of the Guardians of the Poor, and with the different Dispensaries and Beneficiary establishments of the city, give clinical and elementary instruction through the year, in private, and in their rounds of practice, to such gentlemen as desire it.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

THE annual course of Medical Lectures in this Institution will begin on the last Monday of October. There will be two annual sessions, the first of which will terminate on the last day of February, when candidates for the degree of Doctor of Medicine will be examined. The lecture fees for this term, are \$165.

The second term of instruction will begin on the third Monday of March, and will be continued until the middle of June, when another examination of candidates will take place. The entire fees for this course are \$50.

The spring term offers the following advantages to the student of medicine: 1st. He may annually attend a course of seven instead of four months. 2d. If he graduate at the close of the winter term, he will be allowed to attend the spring term gratuitously. 3d. If the candidate for graduation at the winter Commencement be found unprepared, he will be permitted to attend the spring course gratuitously, and to pass another examination. 4th. An attendance on two spring courses will be received as an equivalent for one winter course.

The surgical clinique is continued every Saturday throughout the year.

VALENTINE MOTT, M.D., Professor of the Principles and Operations of Surgery, and Surgical and Pathological Anatomy.

GRANVILLE SHARP PATTISON, M.D., Professor of General, Descriptive and Surgical Anatomy.

JOHN REVERE, M.D., Professor of the Theory and Practice of Medicine.

MARTYN PAINE, M.D., Professor of the Institutes of Medicine and Materia Medica.

GUNNING S. BEDFORD, M.D., Professor of Midwifery and the Diseases of Women and Children.

JOHN W. DRAPER, M.D., Professor of Chemistry.

Appointments by Professors of Surgery and Anatomy.

JOHN CARDOCHAN, M.D., Prosector to the Professor of Surgery.

JOHN H. WHITTAKER, M.D., Demonstrator to the Professor of Anatomy.

New York, July 14, 1842.

Jy. 27—eptN1

JOHN W. DRAPER,

Secretary to the Faculty.

MED. DEPARTMENT OF THE COLUMBIAN COLL., WASHINGTON, D. C.

FACULTY.

THOMAS SEWALL, M. D., Professor of Pathology and the Practice of Medicine.

HARVEY LINDBLY, M.D., Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M.D., Professor of Anatomy and Physiology.

JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.

FREDERICK HALL, M.D., LL.D., Professor of Chemistry and Pharmacy.

WILLIAM F. JOHNSTON, M.D., Professor of Surgery.

SAMUEL C. SMOOT, M.D., Demonstrator of Anatomy.

The Lectures of this institution will commence on the first Monday in November, annually, and continue until the first of March.

The entire expense in a course of lectures by all the Professors, is \$70. Dissecting ticket, \$10. Good board can be procured at from \$2.50 to \$3 per week. Most of the students during the last session paid but \$2.50 per week.

Washington, April, 1842.

July 27—eoptN1.

HARVEY LINDBLY, M.D., Dean.

MEDICAL INSTITUTION OF YALE COLLEGE.

The Lecture Term, for 1842-3, will commence on Thursday, September 29th, and continue sixteen weeks.

Chemistry and Pharmacy, by	- - - -	BENJAMIN SILLIMAN, M.D., LL.D.
Theory and Practice of Physic, by	- - - -	ELI IVES, M.D.
Principles and Practice of Surgery, by	- - - -	JONATHAN KNIGHT, M.D.
Obstetrics, by	- - - -	TIMOTHY P. BEERS, M.D.
Anatomy and Physiology, by	- - - -	CHARLES HOOKER, M.D.
Materia Medica and Therapeutics, by	- - - -	HENRY BRONSON, M.D.
Lecture fees, \$68.50.—Contingent bill, \$2.50.—Matriculation fee, \$5.—Graduation fee, \$15.		
New Haven, July 7, 1842. Jy 13—tL CHARLES HOOKER, Secretary.		

ALBANY MEDICAL COLLEGE.

The annual session of Lectures will commence on the first Tuesday of October, and continue sixteen weeks.

Surgery, by	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by	JAMES McNAUGHTON, M.D.
Obstetrics, by	EBENEZER EMMONS, M.D.
Materia Medica, by	T. ROWEYN BECK, M.D.
Chemistry, by	LEWIS C. BECK, M.D.
Anatomy, by	JAMES H. ARMSBY, M.D.
Institutes of Medicine, by	THOMAS HUN, M.D.
Medical Jurisprudence, by	AMOS DEAN, Esq.

Lecture fees, \$70. Matriculation fee, \$5. Graduation fee, \$20. Boarding, from \$2.50 to \$3.00 per week.

ALDEN MARCH, M.D., President.

Al.27—tO

J. H. ARMSBY, M.D., Registrar.

MASSACHUSETTS MEDICAL SOCIETY.

CENSORS' MEETING.—There will be a meeting of the Censors of the Society and of the First Medical District on Wednesday, the 27th day of July, at 4 o'clock, P. M., at the house of the subscriber, No. 9 Franklin street, Boston. Je 29—eptm JOHN JEFFRIES, Secretary of Censors.

MEDICAL INSTRUCTION.

THE subscribers at their room, 5 1-2 Tremont Row, continue to give instruction in all the branches of a thorough medical education, in connection with attendance on the Massachusetts General Hospital and the infirmary for Diseases of the Lungs, the practical study of anatomy, &c.

Ap. 6—

H. I. BOWDITCH,
H. G. WILEY,
G. C. SHATTUCK, JR.
S. PARKMAN.

INSTRUMENTS.

THEODORE METCALF, Apothecary, No. 33 Tremont Row, offers to surgeons and dentists, the best selected assortment of Instruments to be found in the city: consisting in part of Amputating, Trepanning, Obstetrical, Dissecting, Strabismus, Pocker, Eye and Cooper's Cases; Scarificators, Catheters, Bougies, Stomach Pumps, Injecting do., Spring and Thumb Lancets, Dissecting and Dressing Scissors, Trocars, Needles, Bistouries; Dressing, Dissecting, Polypus and Throat Forceps, Tonsil Instruments, &c. &c. of American and English manufacture.

Extracting Forceps, in sets of 12, or singly, of superior form and finish; Excavators, Burrs, Plug-gers, Drills, Files; Cutting, Splitting and Punching Forceps; Gold and Platina Plate and Wire, Solder and Springs, Gold and Tin Foil, MINERAL TEETH, in great variety (much the largest assortment to be found in N. England), Grindstones, and almost every article used in the surgical or mechanical departments of Dentistry.

All orders from the country carefully and promptly executed.

D. 1.—6m

MAYNARD & NOYES,

IMPORTERS and wholesale dealers in drugs and medicines, surgical instruments, &c., No. 11 Merchants' Row, Boston. Physicians from the country may be sure of receiving from our establishment none but the best of medicines, on satisfactory terms, for cash or credit, and are invited to forward their orders. Je 15.—lamly

TREATMENT OF HERNIA.—DR. CHASE'S TRUSS.

THE undersigned hereby gives notice, that he is furnished with the various instruments invented by Heber Chase, M.D., of Philadelphia, for the radical cure of Hernia; and will continue to attend personally to their application, as he has heretofore done during the absence of the late Dr. E. W. Leach, of this city.

May 19, 1842.

My 25—

HENRY G. CLARK, M.D.,

No. 204 Hanover street, Boston.

INFIRMARY AT CONCORD, N. H.

FOR the surgical treatment of diseases of the eye and ear, club-feet, curvature of the spine, and other distortions of the joints, whether arising from muscular contractions or other causes.

Concord, N. H., March 25, 1842.

Ap. 6—

THO. CHADBOURNE, M.D.
WILLIAM D. BUCK, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price \$3.00 a year in advance, \$3.50 after three months, or \$4.00 if not paid within the year. Two copies to the same address, for \$5.00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.